

Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

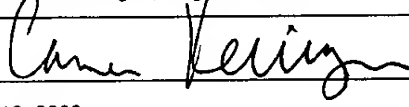
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

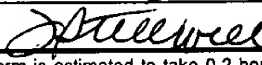
TRANSMITTAL FORM MAY 10 2002 U.S. PATENT & TRADEMARK OFFICE (to be used for all correspondence after initial filing)	Application Number	09/695,022	
	Date	October 23, 2000	
	First Named Inventor	Steven Z. Wu	
	Group Art Unit	3738	
	Examiner Name	P. Prebilio	
Total Number of Pages in This Submission (not including references)	25	Attorney Docket Number	50623.87

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Deposit Account Authorization 07-1850	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (2 months)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO Form 1449 with 19 references
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey, L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	May 10, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: May 10, 2002			
Typed or printed name	Judith Stillwell		
Signature		Date	May 10, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicants: Steven Z. Wu et al.

Docket No.

50623.87

Serial No. 09/695,022

Filing Date: October 23, 2000

Examiner: P. Prebilic

Group Art Unit: 3738

Invention: Drug Delivery Apparatus and Method for Delivering a Therapeutic Substance

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as show below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	20=	0	X \$00.00	\$00.00
INDEP. CLAIMS	2	4=	0	X \$00.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. 07-1850 in the amount of \$00.00
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850.
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

Cameron Kellogg
Signature

Dated: 5/10/02

I certify that this document and fee is being deposited on May 10, 2002 with the U.S. Postal Service as express mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Judith Stillwell
Signature of Person Mailing Correspondence

Judith Stillwell

Typed or Printed name of Person Mailing Correspondence

cc: Docket